

CLAIMS ONLY							Application Number <i>101790788</i>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2	/						52			
3	/						53			
4	/						54			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	/						Total Indep			
Total Depend	9	←	←	←			Total Depend	←	←	←
Total Claims	10						Total Claims			